

2021 Community Health Assessment

Community Themes and Strengths Assessment

Linn County, IA



Together! Healthy Linn

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Community Themes and Strengths Assessment

Linn County conducted the Community Themes and Strengths Assessment (CTSA), between the months of April and November of 2021. The CTSA is one of four assessments that comprise the overall Community Health Assessment (CHA) used to inform the identification of the priority strategic issues that the community will seek to address in the 2022 Community Health Improvement Plan (CHIP). The assessment process was guided by a CTSA subcommittee with representation from multiple entities and organizations within the local public health system and is associated with the larger Together! Healthy Linn Steering Committee. The target audience for this assessment is community members who work, reside, worship, go to school, or seek entertainment in Linn County.

Purpose

The CTSA is a qualitative analysis of the perceptions, thoughts, and opinions community members have regarding health. This assessment answers three questions:

1. What is important to the community?
2. How is quality of life perceived in the community?
3. What assets does the community have that can be used to improve community health?

Method

An initial subcommittee meeting was held on October 15, 2020, to plan the assessment. Due to the continued spread of COVID-19 in the community, the meeting was held virtually. At the initial meeting, the subcommittee chair, Lynne Abbott, described the role of the committee relating to the overall community health assessment as well as methods to perform the assessment in prior years. The committee discussed what had gone well in the past and highlighted areas of opportunity for improvement. Overall, it was decided that the assessment should have a greater emphasis on underlying factors of poor health rather than focus on health conditions as well as a need to reach those previously missed through traditional surveying.

The group decided to move forward with developing a community health survey as the primary method for collecting community input. In addition, it was decided to use sticker boards for quickly engaging community members in common spaces and focus groups to target populations not captured through the broader survey. An additional opportunity for survey presented in alignment with COVID-19 vaccination clinics. To accommodate the brief waiting time, the overall community health survey was shortened to include a few questions. Overall, activities took place between March and December of 2021. During this time, there were other community surveys being conducted around assessing ongoing impacts and needs related to COVID-19 as well as the Derecho that impacted the community in 2020. This simultaneous assessment activity reduced the number of responses to the community health survey when initially disseminated in April. As such, a second release was pushed in July of 2021 following the closure of the additional assessments, including the Community Impact Assessment. After preliminary assessment of the survey results, populations that were underrepresented in the

survey were identified, including those 65 years and older, immigrant/refugees, communities of color, low to middle income, and rural residents. Through an identified need to hold focus groups, the MAPP core team worked with the Community Impact Assessment team from United Way to hold joint focus groups additionally including young parents in the populations needed.

Table 1. CTSA Subcommittee & MAPP Core Group Members Involved

Name	Organization
Lynne Abbott*	Linn County Public Health
Terry Bergen	Linn County - LIFTS
Karey Chase	United Way of East Central Iowa
Melissa Cullum	Mercy Medical Center
Kaitlin Emrich*	Linn County Public Health
RaeAnn Gordon	ISU Extension
Amy Hockett*	Linn County Public Health
Jim Hodina	Linn County Public Health
Kathy Johnson	Abbe Mental Health Center
Kathryn Lee	Grant Wood Area Education Agency
Ann Olson	Linn County Public Health
Linnea Offerman	Center Point-Urbana Community School
Katie Reasner*	Linn County Public Health
Art Staed	Iowa State Representative
Mary Tarbox	Retired – Mt. Mercy University
Lori Weih	Unity Point

**Denotes MAPP Core Group members*

Community Outreach Events. Unlike in previous assessment years, the COVID-19 pandemic reduced the number of opportunities to engage with the community in public settings. However, the pandemic also presented a unique opportunity to obtain input from individuals attending community COVID-19 vaccination events, through a shortened paper survey. The shorten survey was initially made available in April of 2021, located, and distributed in recovery areas following vaccination. The surveys were later distributed in tandem with sticker board outreach to provide residents an option for participating in the assessment. The sticker boards posed the question “What do you think are the three most important factors for a healthy community?”, which also mirrored that of the first question on the full community health survey. Participants were then provided three stickers to vote on the top three. Primary engagement with the public through sticker boards occurred in June and mid-July of 2021 with four sticker boards hosted over four days. Two were hosted at the Linn County Fair on June 25th and 26th and two at the Downtown Cedar Rapids on June 19th and July 17th. Overall, 222 individuals were reached through the short survey and 291 individuals were reached through sticker boards.

Community Health Survey. Together! Healthy Linn’s Community Health Survey consisted of eleven primary questions relating to each of the three questions that drive the CTSA as well as information on access to care and demographic characteristics of survey respondents. The CTSA sub-committee also intentionally included some deeper dive questions for historically leading health concerns that have lacked clarity in the issue of concern, such as

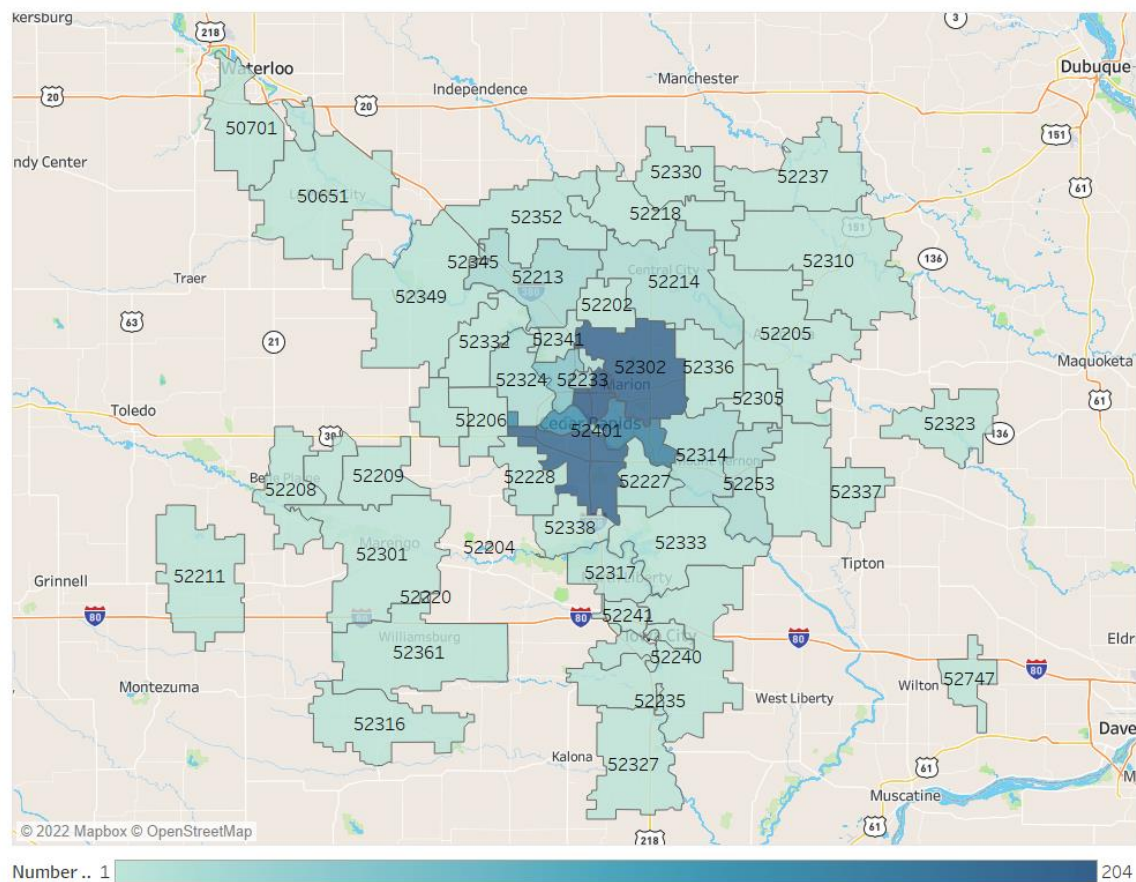
the current health priorities of mental health, obesity, and community safety. Implementation of the community health survey was conducted between April 2021 and September 2021. To ensure reach of the survey, the electronic link was shared with community organizations to distribute to their networks as well as through the Linn County Public Health website and via social media. In addition, a quick response (QR) code was generated and printed on Together! Healthy Linn branded business cards and signs. Business cards were distributed across the county including county libraries and community centers. A news release was sent out to media outlets to promote the second launch of the survey in July 2021. Once the survey was finalized, the results from overlapping elements in the Community Impact Assessment and Community Health Survey were incorporated to gain a full picture of community needs and assets. A target of 384 respondents was established to attain a statistically significant sample size. Between the two assessments, there were 1,260 residents engaged, 654 of whom participated in the Community Health Survey.

Demographic Characteristics

Respondents were asked to provide basic demographic information at the end of both the Community Health Survey and Community Impact Assessment. This information was used to identify gaps in populations reached through the assessments and inform need for additional outreach through focus groups or informant interview. However, these questions were voluntary, allowing for individuals to select “I prefer not to disclose”; as such, a full picture of the populations reached is limited to those willing to disclose. A second limitation noted is in the capture of ethnicity particularly on the shortened survey. In this case, respondents were asked to identify race, but not ethnicity. The most common demographic characteristics with missed information was household income (not asked on the Community Impact Assessment) and race.

As would be anticipated, most survey respondents were representative of the urban and sub-urban areas of Linn County, with residents of Cedar Rapids having the largest rate of participation comprising 61.6% of respondents (See Figure 1). In addition to residents of Linn County, the survey was open to those residing in other areas, who may work or come to Linn County frequently. This resulted in a broad array of participation from many surrounding areas both within and near the county.

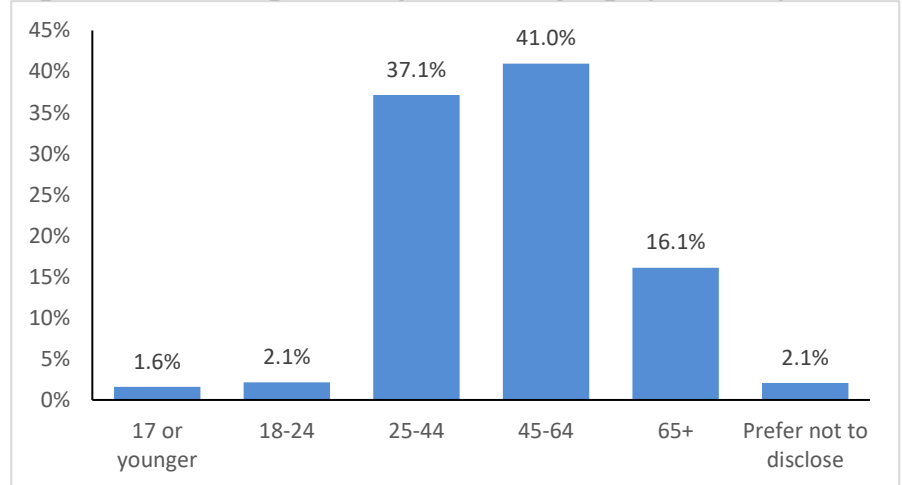
Figure 1. Survey Respondents by Zip Code (n = 1,260)



Age

Over three-quarters of the respondents fell in one of two age categories, 25 to 44 years (37.1%; n = 468) and 45 to 64 years (41%; n = 51), resulting in an oversampling of both age categories. A significantly smaller proportion of individuals 17 years or younger and those 18 to 24 years were captured in this survey. However, a representative number of individuals 65 years or older were captured.

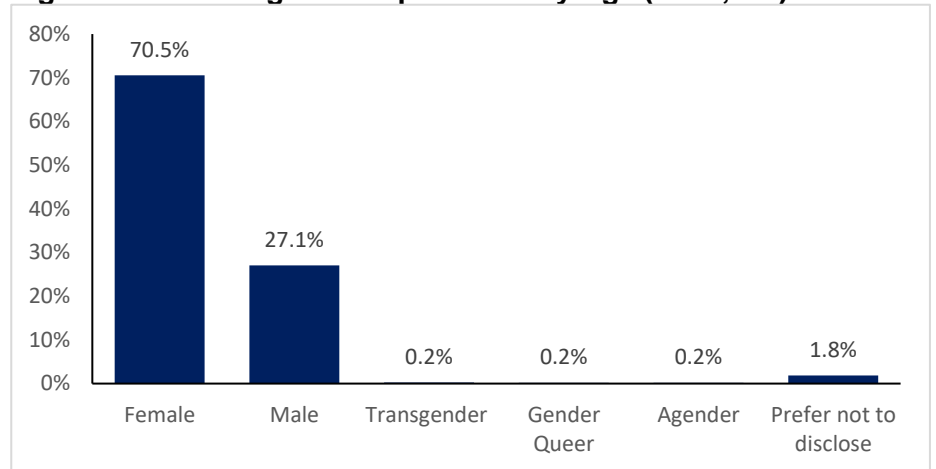
Figure 2. Percentage of Respondents by Age (n = 1,260)



Gender

Most respondents were female (70.5%), followed by male (27.1%). Additionally, gender identified by respondents included transgender (0.2%), gender queer (0.2%), and agender (0.2%).

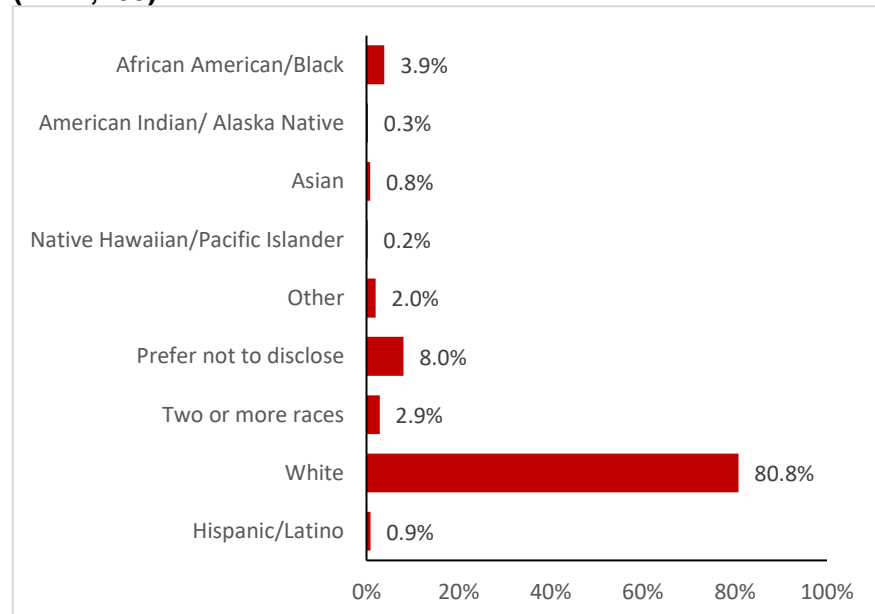
Figure 3. Percentage of Respondents by Age (n = 1,260)



Race/Ethnicity

Respondents were primarily identified as being Non-Hispanic (99.1%) White (80.8%). The remaining 19.2% accounts for 3.9% African American/Black, 0.3% American Indian/Alaska Native, 0.8% Asian, 0.2% Native Hawaiian/Pacific Islander, 2.9% Two or More Races, and 2.0% Other.

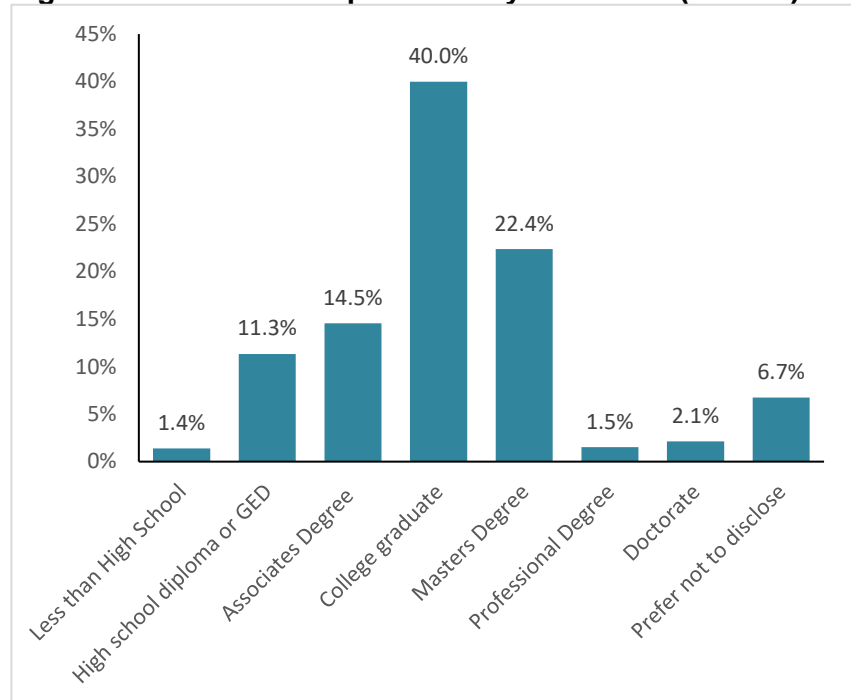
Figure 4. Percentage of Respondents by Race/Ethnicity (n = 1,260)



Education

Eighty percent of respondents (n = 523) have obtained some level of post-secondary education. However, the majority of respondents (40.0%) report having received a College Diploma. An additional 22.4% have obtained a Master's, 14.5% Associate's, 1.5% a Professional, and 2.1% a Doctorate degree. Alternately, 11.3% of respondents earned a High School diploma or equivalent and 1.4% reports a less than high school education.

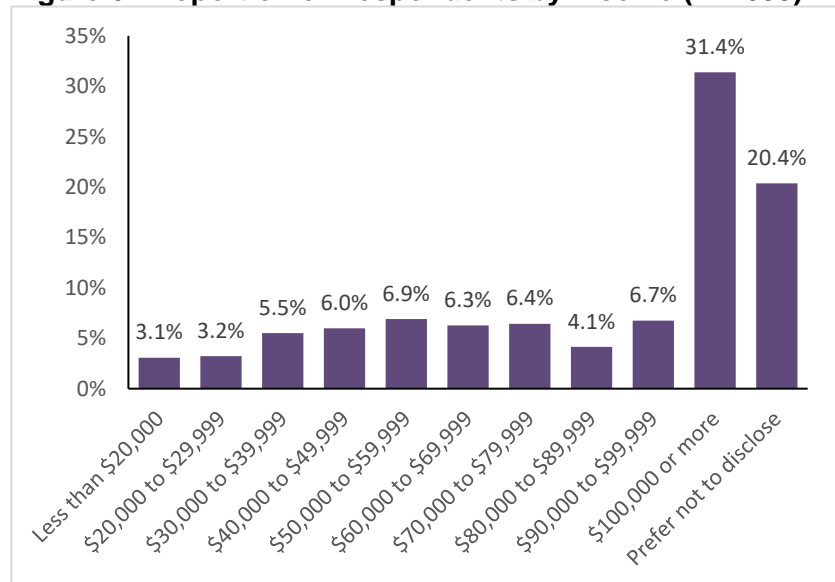
Figure 5. Percent of Respondents by Education (n = 653)



Income

The largest proportion of respondents (31.4%) reported an annual household income of \$100,000 or more. While this proportion slightly exceeds the estimated proportion based on the U.S. Census data (27.5%), it is at an acceptable margin. Conversely, sampling of lower income ranges was significantly lower than anticipated. However, it is important to note that approximately 20.4% of the 653 respondents opted not to disclose their level of income.

Figure 6. Proportion of Respondents by Income (n = 653)



Focus Groups/Informant Interviews. Using preliminary data collected in the beginning of August combined with census data, a small group consisting of representatives from the Community Impact Assessment team and CTSA subcommittee identified populations that were underrepresented in the assessments. Census data was used to compare population estimates and distribution with the demographic characteristics of survey respondents. At that time, the following populations were identified as being underrepresented:

- Adults 65 years of age and older
- Homeless/Near Homeless
- Immigrant/Refugee
- LGBTQIA+
- Low to Middle Income Residents
- Parents with young children
- People of Color
- Rural residents

Efforts were made to close identified gaps in populations represented, including additional outreach via social media and throughout the community to engage residents in the community survey. By the time focus groups were scheduled, a greater proportion of adults of 65 years and older had been engaged through the survey and were not prioritized for focused interview. However, the remaining populations continued to be underrepresented.

Given the unique environment posed by the COVID-19 pandemic, opportunities for in-person engagement were limited. As such, the assessment team was unable to directly engage some of the identified populations but were in some cases naturally represented through focus group and informant interview interactions. Overall, three focus groups were held, two of which included individuals of color both held virtually, and one in-person session held with parents with young children. Twenty-five individuals were engaged in these three focus groups, each group size ranging from seven to ten participants. In addition to the focus groups, an informant interview was held with a key representative from the immigrant and refugee population who was able to reflect on the needs of clients directly served as well as results from a recently held townhouse style needs assessment with this population.

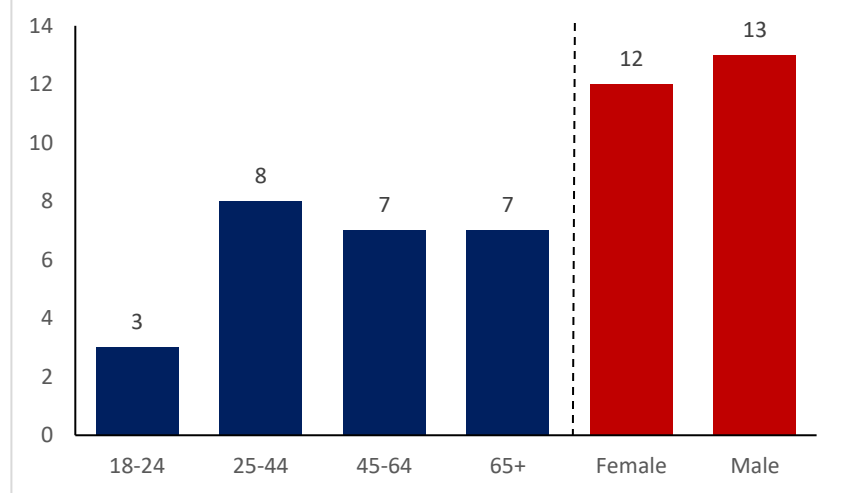
Demographic Characteristics

Overall, twenty-five individuals participated in one of the three focus groups held in November of 2021. The demographic characteristics of participants differed between groups, which was to be expected due to the populations of focus. Completion of the demographic characteristics form was optional for participants; however, all participants elected to provide demographic information.

Age/Gender

The distribution of participants by gender was equal across focus group participants overall. However, the young parent group was comprised of all female participants. Likewise, the remaining two focus groups were male dominated. The average age of participant was 36.2 years of age.

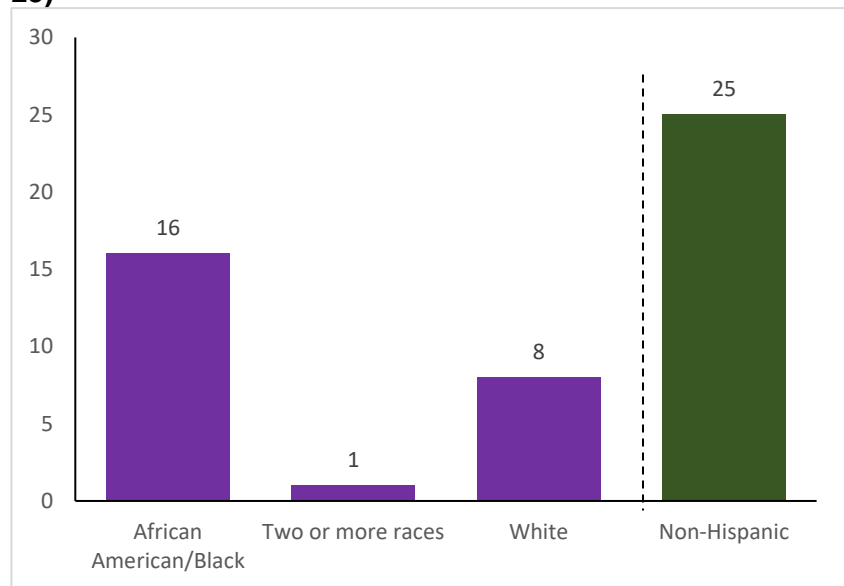
Figure 7. Proportion of Respondents by Age & Gender (n = 25)



Race/Ethnicity

As could be anticipated, most respondents were African American or Black. However, none of the participants identified as being Hispanic.

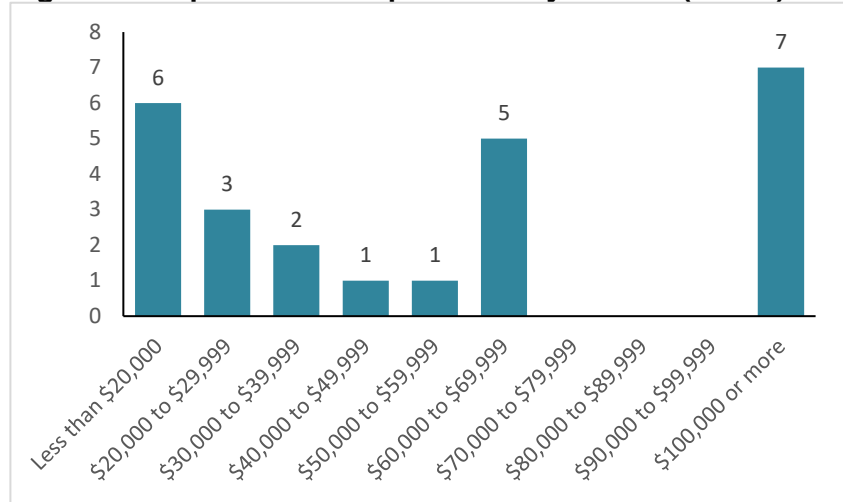
Figure 8. Proportion of Respondents by Race/Ethnicity (n = 25)



Income

Reported level of income varied across focus group participants. However, respondents from the young partners group were more likely to report an income below \$60,000.

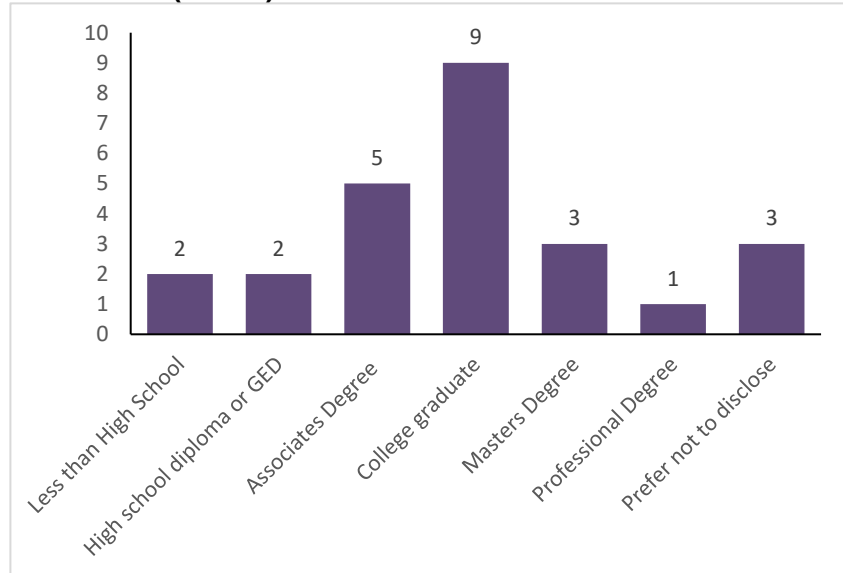
Figure 9. Proportion of Respondents by Income (n = 25)



Education

Most participants report the highest level of educational attainment as a college degree, followed by an Associate's degree or some college.

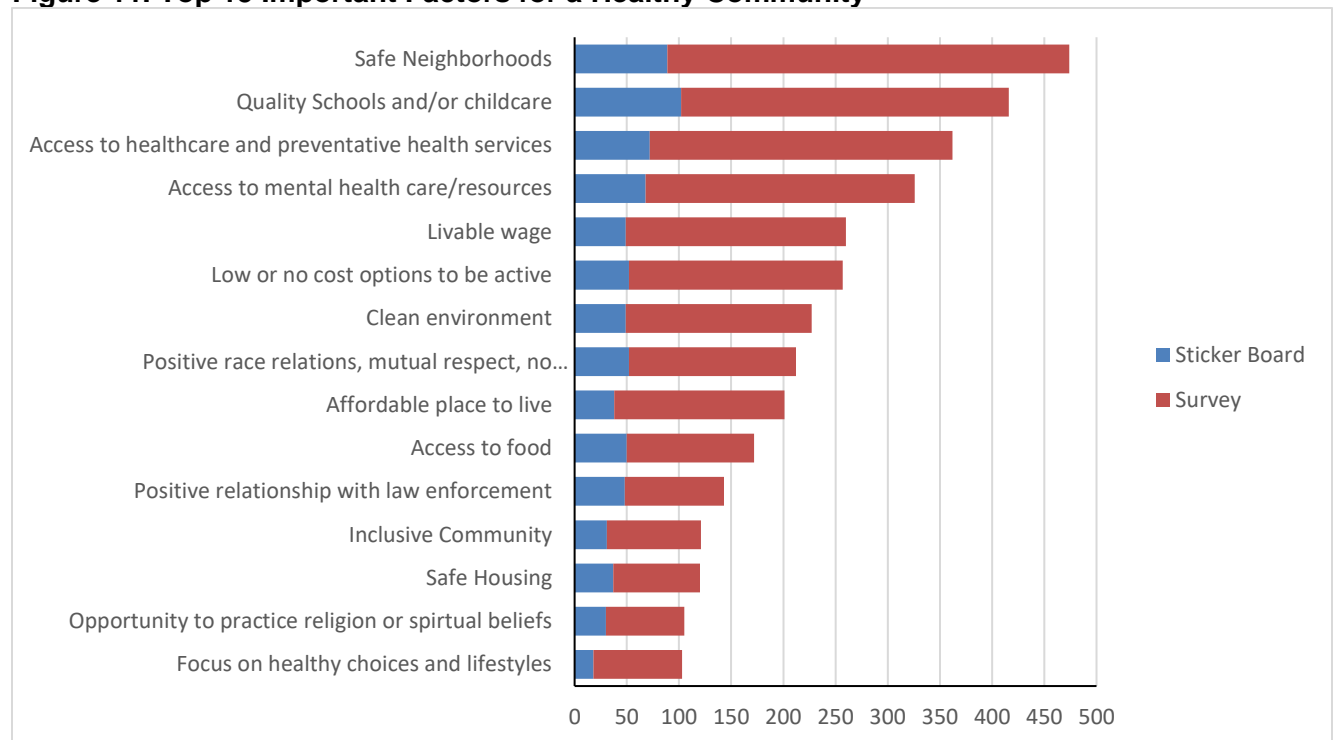
Figure 10. Proportion of Respondents by Educational Attainment (n = 25)



Vision for a Healthy Community

When asked what the five most important factors are for a healthy community, respondents overwhelmingly selected safe neighborhoods (n = 474) and quality schools and/or childcare (n = 416) as the top two most important factors for a healthy community (Figure 11). Following, quality schools, respondents rated access to healthcare and preventative health services, access to mental health care/resources, and livable wage as the top 5 factors that contribute to a health community. In Figure 13, answers obtained from the Community Health Survey and the initial version of the sticker boards are presented as an aggregated count; these answers reflect the ideal state of the community that residents find important.

Figure 11. Top 15 Important Factors for a Healthy Community



**Respondents selected more than one option (Linn County Community Health Survey, 2018)*

Defining Safe Neighborhoods

Respondents who selected safe neighborhoods defined this in a wide array of ways from an absence of crime to well-maintained roads. However, a majority defined a safe neighborhood as having low crime, presence of street lighting, maintained roads, and sidewalks and crosswalks in place. Of the 382 respondents who selected safe neighborhood as an important factor, 71.7% indicated that they felt safe in their current neighborhood. Those who stated that they mostly or did not feel safe in their neighborhood (n = 108) listed general criminal activity, gun shots, and poor street lighting as the top contributing factors and were generally located throughout the Cedar Rapids area.

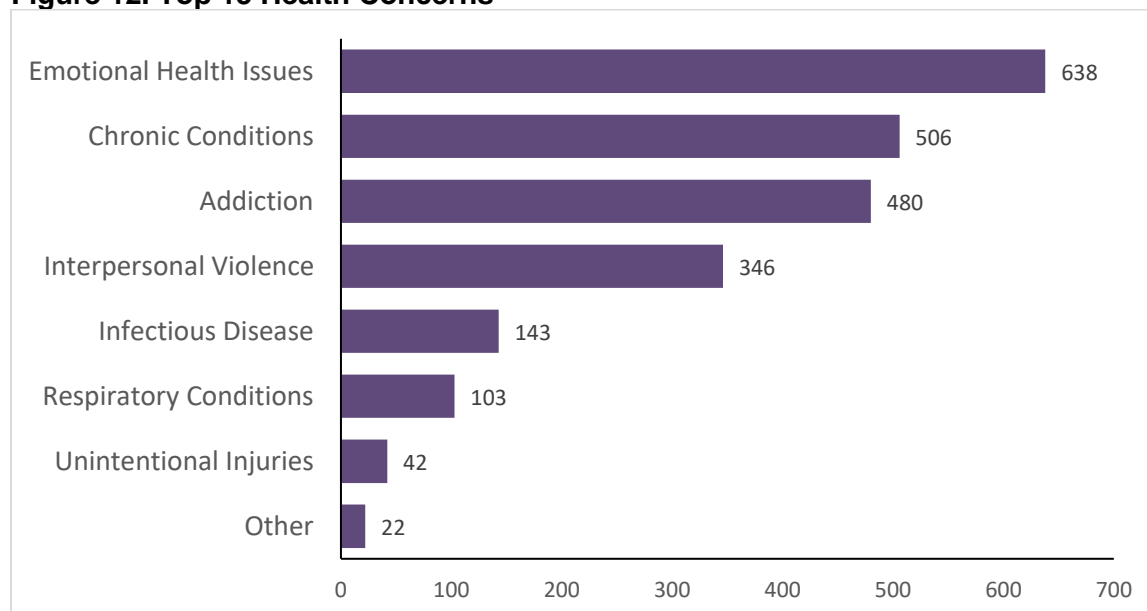
Health of the Community

Overall health of the community encapsulates health at many levels including that of the individual, social systems, and community as a whole. For this assessment, perceived levels of overall community health were evaluated, as were the factors that contribute to a lack of health either personally or as a community. In addition, the assessment included targeted questions evaluating the current health priorities that were selected in the 2018-2021 Community Health Improvement Plan including mental health, obesity, and community safety. This will help the Together! Healthy Linn collaborative dig deeper into these issues as well as identify the need for continued prioritization.

Health Concerns

When asked what the biggest health concerns for Linn County were, emotional health issues were overwhelming selected, followed by chronic conditions, addiction, and interpersonal violence. These leading factors are also supported by the findings in the *2021 Community Health Status Assessment* (Hockett, 2022), showing seven of the ten leading causes of death for 2020 being attributed to chronic health conditions such as Heart Disease, Cancer, Chronic Lower Respiratory Disease, Stroke, Alzheimer's disease, Chronic Liver Disease, and Diabetes Mellitus. In addition, Linn County adults and adolescents are reporting higher levels of mental distress including an increased percentage of adolescents reporting suicidal ideation and planning, and adults experiencing 14 or more, poor mental health days in a month. Rates of unintentional poisoning and opioid overdose deaths have also significantly increased over the past 5 years, as have rates of child maltreatment (primarily cases of neglect).

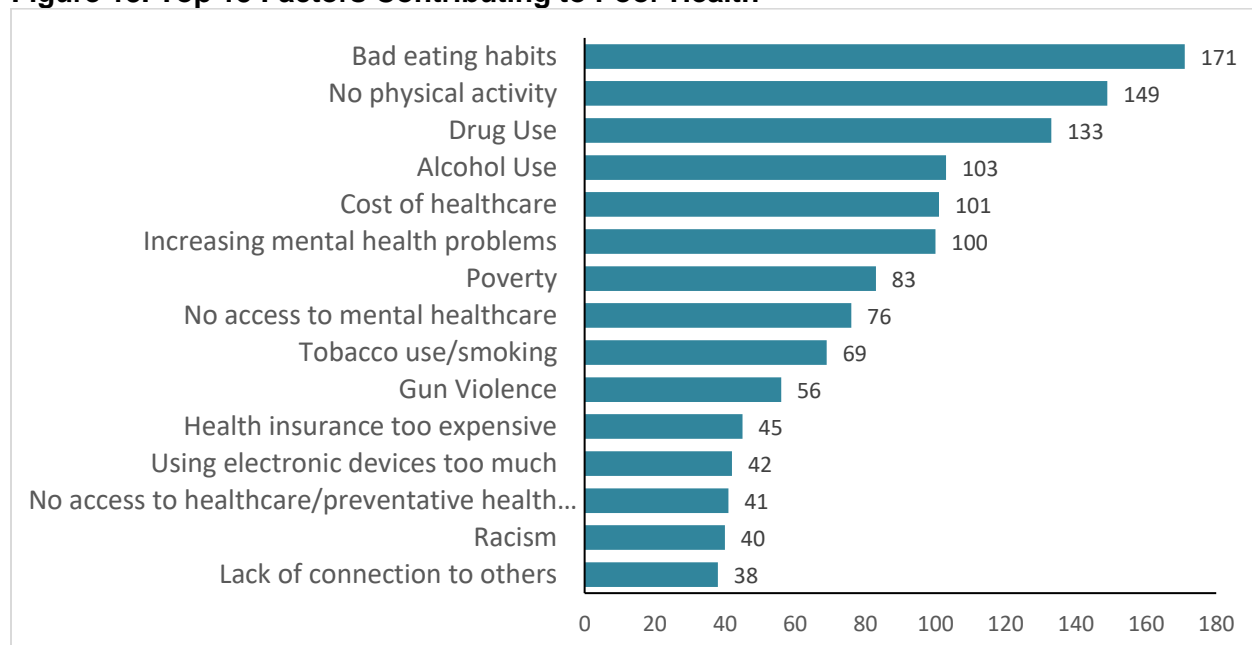
Figure 12. Top 15 Health Concerns



Underlying Factors Contributing to Poor Health

These overarching health issues are influenced or informed by many contributing or underlying factors. When these factors are combined, the risk for poorer health outcomes increases. According to survey respondents, the leading factors contributing to poorer health in Linn County that were initially identified include bad eating habits, lack of physical activity, drug and alcohol use, cost of healthcare, increasing mental health problems coupled with lack of access to services, and poverty (Figure 13).

Figure 13. Top 15 Factors Contributing to Poor Health



Overarching areas of concern that rose to the top of issues needing to be addressed in order to improve the health of Linn County includes, mental health, barriers to care, access to food, opportunities to be active, safe and affordable housing, safety concerns, access to safe and affordable childcare, and the disproportionate impact these issues have on different populations. In many cases, these issues are intertwined and complex.

Mental Health

The biggest health concern across demographic groups and throughout the assessment was mental health, with 77.4% of respondents stating that mental health continues to be an issue for the community. In general, the number of individuals experiencing poor mental health and crisis has been increasing overtime. However, increased levels of stress, anxiety, depression, and suicide ideation were described following the onset of COVID-19 and the 2020 Derecho. With community-wide isolation during the pandemic, individuals lost connection with family, friends, and traditional social networks that would have historically been relied on to counteract the feeling of despair and loneliness. This increased the number of individuals experiencing isolation induced poor mental health, particularly for youth learning from home. Loss of jobs and income during this time also placed an increased level of stress on families

and individuals who were uncertain of the future. While all populations in Linn County experience mental health and emotional conditions, despite demographic or economic status, some populations are at an increased risk. Middle to low-income residents and residents of color experience greater levels of stress related to cascading stressors. Focus group members discuss the impacts of systematic and systemic racism on the everyday lives of residents of color across all issues identified, including challenges to attain housing, differences in earning, and finding childcare from trusted providers. During Derecho, immigrant and refugee families were reminded of past days in refugee camps, which meant that many times, instead of being relocated for shelter, the choice was to stay in housing that was unsafe or uninhabitable.

Stigma related to seeking mental health care was discussed, especially in focus group conversations with Linn County residents of color and immigrant and refugee families. Both groups described that mental health is not something that is openly talked about. Among the refugee and immigrant populations, individuals are more likely to rely on trusted leaders for guidance. Similarly, persons of color have a greater level of trust in known community leaders and providers of color, which are extremely limited in the Linn County region. Across all populations there continues to be a need for education on resources and services that are available and provided in multiple formats for residents to access outside of traditional technology platforms.

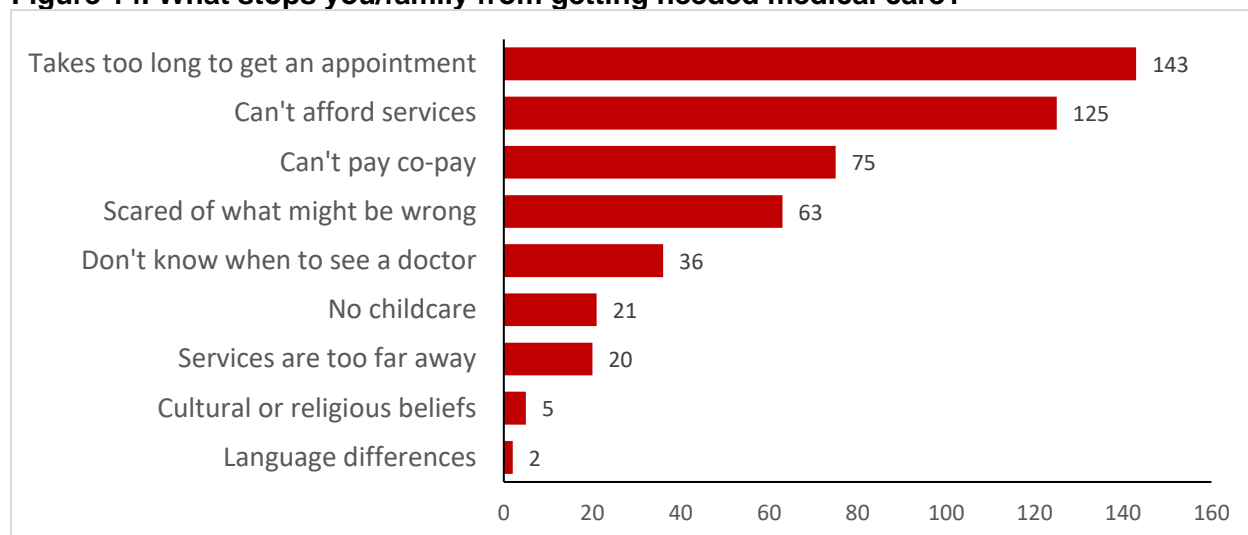
Access Health & Mental Health Care

When asked what stops respondents from seeking healthcare, an inability to get a timely appointment and afford services or associated co-pay were the top reasons. This was consistent for both health and mental health services. In addition to the cost of care, high cost of prescription medications places some individuals with the task of deciding to purchase medications or pay bills. Additionally, it was recognized that both mental health and health care fields are lacking providers, which has further been emphasized following the onset of COVID-19. This reduces the already limited options for residents to access care. The shortage is particularly true related to providers of diverse backgrounds including providers that reflect the population of Linn County including languages spoken and providers of color. Furthermore, limited number of inpatient beds in the community leaves those in crisis with limited to no options for seeking crisis care as well as those who are not eligible for advanced treatment.

Insurance coverage in some cases contributes to an inability to seek care when needed particularly for those with Medicaid seeking mental health and dental services, as treatment is not covered nor is Medicaid accepted by many mental health and dental providers. Hours of operation were also a barrier to care, particularly for those with shift work and low-income families with children. Coordination of appointments and transportation during working hours places burden on those relying on the lost income to make ends meet. For those with Medicaid coverage seeking dental services, the only option for care is the dental school at the University of Iowa, which according to one resident could take all day to be seen resulting in potential negative implications for childcare and opportunities to find transportation. It is often difficult for individuals to navigate the complicated healthcare system. Those from immigrant and refugee

populations were noted to need help understanding company healthcare plans and coverage, as well as how to access needed resources.

Figure 14. What stops you/family from getting needed medical care?



Lifestyle Barriers

Through further investigation of the current 2018-2021 Community Health Improvement Plan strategic priority of obesity, 64% of survey respondents agreed that this was still an issue for Linn County. Respondents specifically describe access to food and equal opportunities to be active as the underlying cause or issue of most concern related to obesity. While many acknowledge personal responsibility for diet and physical activity habits, some common barriers were noted. The top barrier noted related to healthy eating is access to healthy foods. While access to food has been noted as an issue in previous assessments, the COVID-19 pandemic and 2020 Derecho that hit Linn County further exacerbated the accessibility of healthy and affordable foods particularly for middle to low-income residents. Respondents note an increase in the price of fruits and vegetables and clear disparity between the affordability of processed foods and healthier food options when purchasing in the store, making the cheaper option the preferred option. Some areas of the community have lost physical access over the years to places where healthful foods can be purchased or obtained. High levels of stress, lack of time, and understanding of how to prepare healthy meals were also mentioned.

Related to physical activity, there was a specific barrier for low-income and rural residents to access free to low-cost options to be active. Gym memberships are unaffordable. Traditional options such as sidewalks are missing in areas throughout the county creating a reduced feeling of safety to be physically activity near one's home. Lack of sidewalks also poses a concern for those walking large distances to access foods and necessities. Additionally, while trail options for biking and walking are available in some areas, it is often difficult for individuals to access these trails.

Community Safety

Approximately 50% of survey respondents stated that community safety continues to be a leading issue for Linn County. The community safety concerns described were broad, including the full spectrum from missing sidewalks and speeding concerns to gun and interpersonal violence. Overall, concerns fell under three primary categories: violent activity, structural issues, and systemic factors.

Violent Activity. The leading safety issues identified by community members were gun violence, domestic violence (including child abuse), and drug activity. The most significant of these issues, was gun violence which also included criminal access to firearms as well as the involvement of young adults and adolescents in these activities. Respondents note, not feeling safe traveling through particular neighborhoods, especially at night. Cedar Rapids was specifically noted as an area of high concern for increased shots fired and violent activity. Hand in hand, increased levels of drug activity through the county were noted. Further identifying that the activity is occurring in common locations such as parks and neighborhoods. Many feel the drug and violent activity is not being addressed, allowing these issues to worsen.

Structural. Respondents describe physical attributes of the community such as deteriorating buildings, vacant lots, lack of sidewalks, and lack of streetlights as contributing to a feeling unsafety. Streetlights and sidewalks were particularly noted as a high area of concern. One respondent from the Wellington Heights neighborhood described a desire that has been voiced for lighting to be added in known areas of criminal activity. She describes prior collective planning in years past for lighting to be added as a joint priority of the community stating, “All of us talked about lighting, because we know that in the dark the devil roams. So, we get a little light, we put a light on the situation and people will feel much more comfortable in their surroundings and neighborhoods. But where is it now, this many years later?” Missing sidewalks and crosswalks further posed a concern for safety in areas of high traffic, especially when paired with poor lighting conditions. Unsafe living conditions, such as poorly maintained rental properties was also noted as a concern for community safety. Finally, the increased number of homeless individuals in Linn County, creates a safety concern for all. A lack of year-round shelter options, force many to stay on the streets creating a safety concern for these individuals, as well as the community.

Systemic. While law enforcement presence is desired and appreciated in some cases, there continues to be distrust in law enforcement particularly among populations of color. Respondents cite a lack of understanding by law enforcement of the populations being served and use of aggression over person-centered approach to help. One resident states, “Thankfully, I know how to deal with police whether they are hostile or not hostile because I was educated to do so, but not everybody had that.” Some add to this statement, describing incidents of discrimination and racism by the police department in the Cedar Rapids area even when victim of a crime. Similarly, respondents note a feeling of discrimination of populations of color and the LGBTQ+ community in general. Finally, an additional need was voiced by many for law enforcement across the board to be trauma informed in their response to calls for service.

Safe and Affordable Housing

While not initially identified as a perceived health concern in the community health survey, additional data collected through pre-existing community wide surveys, focus group conversations, and informant interviews propelled the issue of safe and affordable housing as a significant and complex issue of concern for Linn County. The 2020 Derecho placed emphasis on an already struggling system of affordable housing, affecting much of the low-income housing stock in Linn County. This stock had already sustained a blow during the 2008 flood reducing not only the number of units available, but units capable to house larger families.

Cost Burden. Due to limited rental availability, pricing for units even those of poor condition are going at higher-than-normal prices. Focus group respondents and informant interviewees describe the financial burden placed in renting a unit. With limited supply, residents often have many applications in place, which includes an associated non-refundable fee ranging from \$15 to \$50 a piece. On top of the application fee(s), landlords request applicants to produce both first and last month's rent with many unable to do so without some external assistance, if available. Due to cost burden and lack of available options, individuals and families have no other option than to move in to places that they can afford when available, despite the health and safety implications, to ensure they have a roof over their head. With an increasing number of individuals living on the streets and in homeless shelters in Linn County the threat to housing stability is increasing.

Housing Quality. Housing units in the rental stock are often older homes that have not been maintained and are in unsafe neighborhoods. Respondents state that landlords are failing to address structural and environmental issues such as the repair of faulty windows, malfunctioning appliances, and remediating mold and water damage and for some are furthermore not being held accountable to do so. Those living in these environments particularly low-income, and immigrant and refugee residents are hesitant to report issues for fear of retaliation or eviction and often are unable to advocate for themselves due to working hours. In addition, due to the increased need for repairs and supply shortages following Derecho, repairs if sought, have been delayed.

Disproportionate Impact. In addition to the financial barriers, some communities face a greater barrier to housing in Linn County. Focus group conversations highlighted housing as the leading issue for residents of color. In addition to issues of housing quality and affordability, respondents describe a continued level of discrimination when navigating housing, particularly in predominantly white neighborhoods. One respondent describes her experience searching for homes as "hard" to balance affordability, safety, and the safety of her family from inherent stereotyping. Further describing a feeling of unease and lack of welcoming when searching "outside of the designated areas". While redlining is thought to be a thing of the past, for these residents it is still very much a reality. Redlining is the systematic denial of services to residents of specific neighborhoods as outlined in the maps created by the Home Owner's Loan Corporation (HOLC) in 1934 to highlight areas of greater risk for lending practices during the great depression (Fishback, LaVoice, Shertzer, & Walsh, 2021). Typically, neighborhoods with a

high Black population were marked red and labeled hazardous (Figure X). This led to segregation of urban neighborhoods and deteriorating housing conditions overtime.

Other populations that face additional challenges to housing outside of affordability and quality of housing are those with criminal backgrounds. Participants and survey respondents describe the difficulty to find landlords who will rent to individuals with criminal background. Additionally noting that most are ineligible to acquire affordable housing in the area. These individuals either become homeless, rely on halfway housing, or commute for other areas of the state to work. For those with living arrangements, there is fear of calling law enforcement when needed due to the concern of being evicted, even if they are not the perpetrator. This places an undue stress and potential harm on victims and residents seeking to live in a safe environment.

Figure 15. 1934 HOLC Cedar Rapids Map

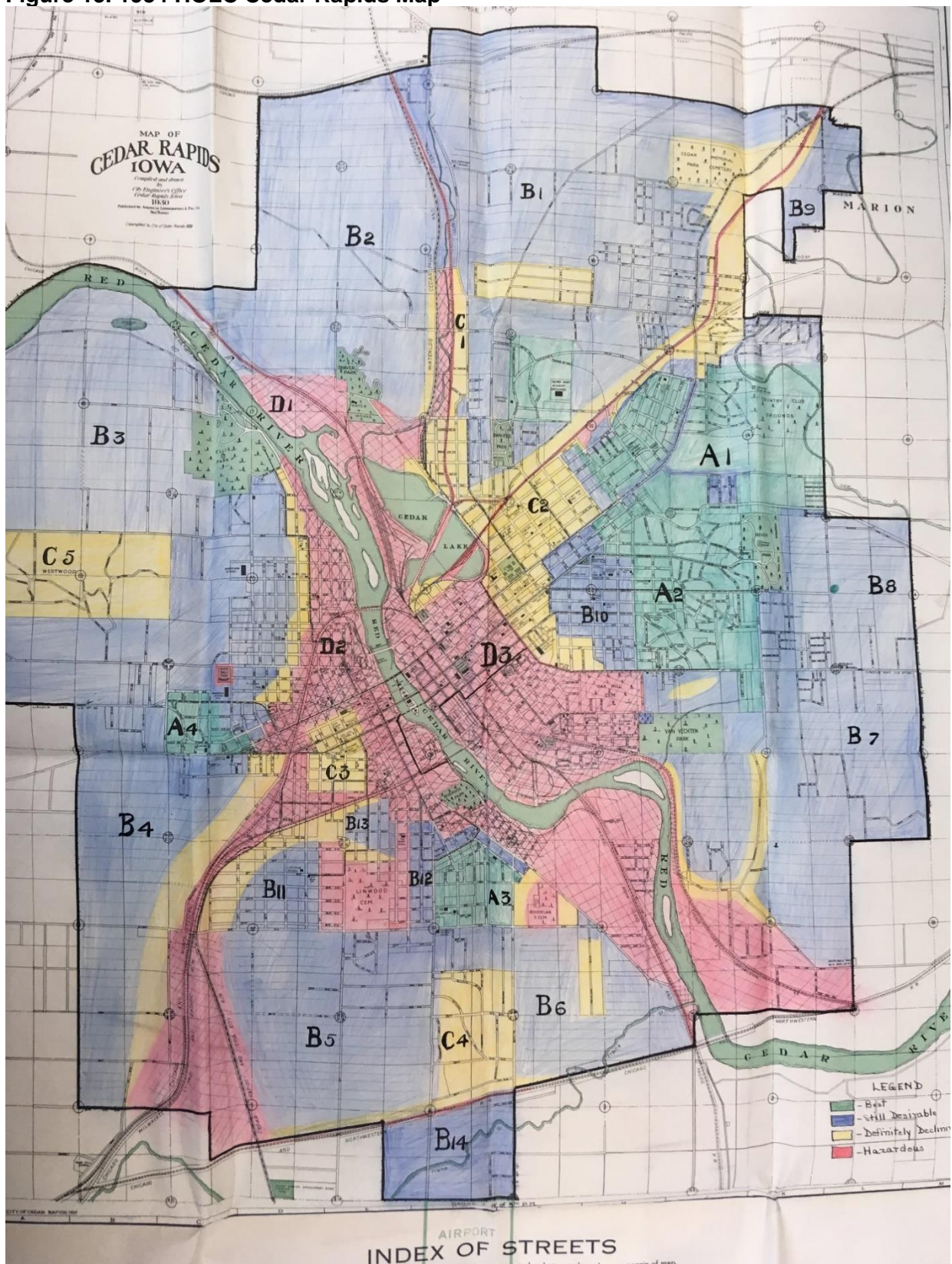


Image provided courtesy of the African American Museum of Iowa

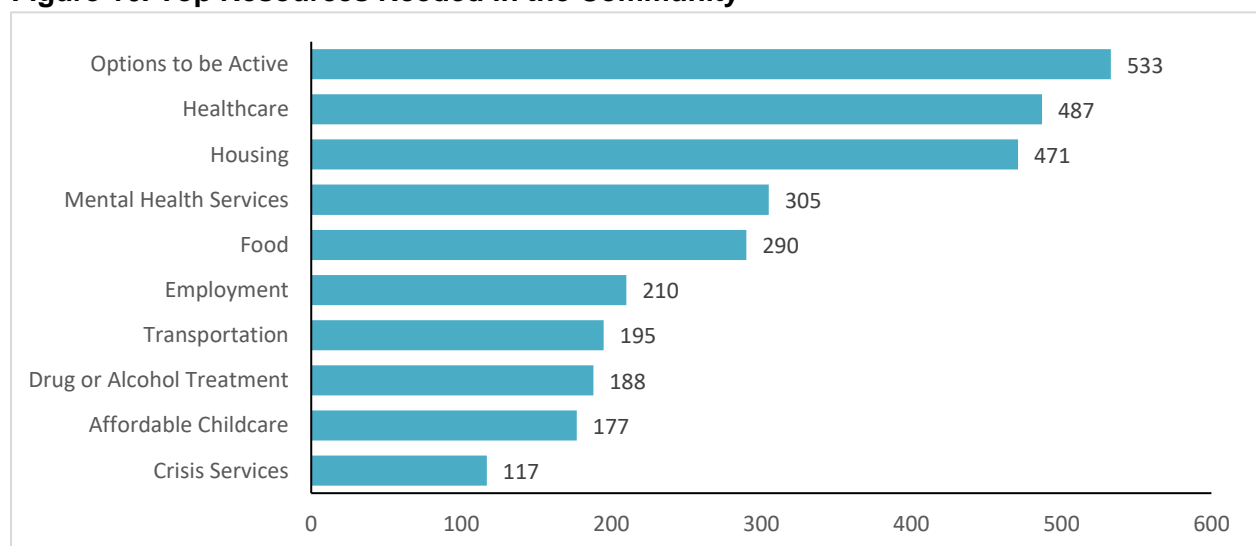
Access to Childcare

Access to childcare was intertwined throughout many of the issues identified. There is a marked decrease in the number of available options for childcare in Linn County, some having been closed due damage to structures from Derecho, but many smaller sites closed due to the cost of operation. Hours of operation were noted as a barrier to those working alternate shifts particularly challenges with drop-off and pick-up times being restricted to daytime operation. Restriction of available service times leave parents, in some cases to work limited hours, have limited opportunities for employment opportunities, and incur additional costs for late pick-up when transportation cannot be secured in a timely manner. When coupled with excessive costs for care, some residents struggle to find employment that would counteract the cost for care. One parent shared “I would pay approximately \$2,500 a month for childcare for my three small children...this is my paycheck plus. That is all I have.” In addition, there is often a concern of safety when selecting more affordable childcare options.

Resources Needed

When reflecting on resources needed to support the health of families in Linn County, the top five resources were options to be active, healthcare, housing, mental health services, and food. Options to be active includes a desire for recreation options nearby across the county and safe places to walk and play. Healthcare included increased access to affordable services, additional doctors, more free health screenings, and preventative/wellness services. Housing included a need for additional affordable housing stock and safe and structurally sound housing. Mental health services included access to services for all despite income, insurance, and time restraints. Finally, food was both overall access to food as a basic necessity as well as more healthy food choices in the community.

Figure 16. Top Resources Needed in the Community



Assets & Improvements

Linn County is a resource rich place setup to support community members in need; however, coordination of services between agencies is needed to reduce duplication and help community members navigate access to services. Additionally, education about available resources is needed to reach community members in diverse ways including non-electronic or web-based communication platforms. Suggested venues include coordination with church and community leaders to help disseminate the message as well as through free papers such as “Tidbits”.

Socially, residents and families are generally welcoming of one another, living up to “Iowa nice”. However, improvement is needed in spreading this to all community members and visitors regardless of age, race, sexual orientation/identity, or background. Desire is to combat inherent community racism and discrimination. Physically, there are many parks, trails, and green spaces to enjoy. However, in order to access these assets, it requires transportation to safely reach. Contributing to this issue are missing or incomplete sidewalks and crosswalks and limited bus times and routes that reach rural areas in Linn County. Likewise, an absence of lighting in these areas and in places of known increased crime and drug behavior adds to a feeling of unsafety. There is a strong desire for addition of a youth center(s) to provide an opportunity for youth and young adults to avoid engagement in illegal or dangerous activities and learn essential life skills. Relations between law enforcement and the community being served is also essential in building trust within the community as well as curb the trend of gun violence in Linn County.

Financially, the cost of living is generally low and housing affordable. Though, as previously described affordable housing for low-income residents is limited, and in many cases in poor condition. In addition to an increased affordable housing stock, improvements are needed to ensure landlords are held accountable for addressing the health hazards of units. Housing in areas such as NewBo have also added to the reduction in affordable living options that exist near community resources. Despite a vast number of available jobs, positions that provide a living wage are limited.

As was present throughout the assessment, mental health rose to the top of needed improvements. As previous described literal access to services as well as improvement of the local culture around mental health. This includes reducing stigma related to seeking care and talking about mental health as well as how first responders react to those in crisis.

References

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- Hockett, A. (2022). *2021 Community Health Status Assessment*.

Appendix A: Focus Group Script



2021 CTSA Focus Group Facilitator Questions/Script GUIDELINE

Welcome and Introductions

Purpose and Ground Rules

Engagement Questions

1. **Ice Breaker:** 'Community' is a word that can mean many things. Let us go around the room and introduce ourselves by saying our first name and the first word or phrase we think of when we hear the word 'community'. If someone has already said your word, try to think of another one. If you want to share a bit about why you thought of your word that is fine too. I will go first. My name is _ (name) _ and when I hear the word 'community', I think of " _ (word) _ " and _ (explanation) _.
2. What is your favorite part about living in Linn County?

Data Walk – Community Needs

- **Provide an overview of the leading needs from the community needs assessments (from front of room)**
 - **Use the following questions to walk through the leading issues and additional detail if available.**
3. Is there anything in this data that is surprising to you?
 4. In what ways is the data consistent with your experience in this community and the people who live here?
 5. In what ways is this data not a good representation of what the needs are in this community? What might be missing?

Exploration Questions

6. What do you think could address these concerns?
7. What would you like to see in our community in 5-10 years to make Linn County a better place to live?

Exit Question

8. Is there anything else you like to say about what could make your community a better place to live?

Probing Questions

With each question, **using your judgement**, applying probing questions can help to gather information that is more detailed.

Probing is asking follow-up questions when we do not fully understand a response, when answers are unclear or *when we want to obtain more specific or in-depth information*.

Examples of Probing Questions:

1. Could you please tell me more about...?
2. I am not quite sure I understood ...Could you tell me more about that?
3. Could you give me some examples?
4. Could you tell me more about your thinking on that?
5. You mentioned.... Could you tell me more about that. What stands out in your mind about that?
6. Can you give me an example of...?
7. What makes you feel that way?
8. What are some of your reasons for ...?
9. You just told me about.... I would also like to know about....

Appendix B: Ground Rules Script



2021 CTSA Focus Group / Purpose and Ground Rules

Purpose and Ground Rules

We are conducting these focus groups on behalf of Together! Healthy Linn, which is a local collaborative that is working on completing an assessment of the needs of the community which will inform which things the collaborative will put effort towards in a joint community improvement plan. The reason we are having these focus groups is to get feedback from community members on what needs or barriers exist in the community and how it might be improved. We need your input and want you to share your honest and open thoughts with us.

Ground rules:

1. WE WANT YOU TO DO THE TALKING.
We would like everyone to participate.
I may call on you if I have not heard from you in a while.
2. THERE ARE NO RIGHT OR WRONG ANSWERS
Every person's experiences and opinions are important.
Speak up whether you agree or disagree.
We want to hear a wide range of opinions.
3. WHAT IS SAID IN THIS ROOM STAYS HERE
We want folks to feel comfortable sharing when sensitive issues come up.
4. WE WILL BE TAPE RECORDING THE GROUP
We want to capture everything you have to say.
We do not identify anyone by name in our report. You will remain anonymous.

We have a consent form for you to fill out before we begin and an optional, anonymous demographics survey for you to complete by the end of the focus group.

Thank you for participating!